

(S/87)
PTO-1556

Adjustment date: 01/10/2001 KHARLING
 12/06/2000 EFLORES 00000016 09726244
 01 FC:108 -710.00 DP
 02 FC:103 -1404.00 DP
 03 FC:104 -270.00 DP

01 FC:108 710.00 DE 270.00 DP
 02 FC:103 1404.00 DE 270.00 DP
 03 FC:104

12/04/2000 EFLORES 00000016 09726244

01/10/2001 KHARLING 00000014 09726244

01	FC:108	710.00	DP
02	FC:109	80.00	DP
03	FC:110	864.00	DP

Repln. Ref: 01/10/2001 KHARLING 0011550100
 Date:133402 Name/Number:09726244
 FC: 704 \$460.00 CR

Repln. Ref: 01/10/2001 KHARLING 0011553600
 Date:133402 Name/Number:09726244
 FC: 704 \$270.00 CR

U.S. DEPARTMENT OF COMMERCE
 PATENT AND TRADEMARK OFFICE
 FEE RECORD SHEET

PATENT APPLICATION SERIAL NO.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/9/01 2 Serial/Patent # 09/1726244

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>730</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>730</u>	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> 10 REASON:		Treasury Check		
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		<u>9 13-3402</u>		
No Fee Due (Explanation):				

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Savanne Howls

TITLE: Lead

SIGNATURE: Savanne Howls

PHONE: 308-9481

OFFICE: OTPE

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature]

DATE: 1/10/01

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B